

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155124		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/07/2011	
NAME OF PROVIDER OR SUPPLIER VERMILLION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN47842			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/07/11</p> <p>Facility Number: 000052 Provider Number: 155124 AIM Number: 100290340</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Vermillion Convalescent Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type III (211) construction and was fully</p>			K0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0038 SS=E	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 119 and had a census of 100 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/08/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>1. Based on observation and interview, the facility failed to ensure the path for 2 of 12 exits was arranged to minimize tripping hazards. LSC 7.1.6.3 requires walking surfaces to be nominally level. This deficient practice could affect visitors, staff and any occupant using the exits path from the main dining room and the north hall with a census of 17 residents.</p>			K0038	<p>1. No Residents were not harmed.2. 17 residents residing within the facility have the potential to be affected.3.Worley Construction was contacted and placed a bid to replace sidewalk (See attachment A).4. The maintenance supervisor or designee will monitor sidewalk conditions at all locations throughout facility grounds on weekly rounds (see attachment B). The above audit will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action</p>		10/01/2011

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	<p>Findings include:</p> <p>Based on observation with the maintenance director on 04/07/11 at 3:15 p.m., the main dining room and north hall relied on a concrete sidewalk as an emergency exit discharge to the parking lot. The sidewalk wound around from the back of the building to the front. A section of the sidewalk near an outdoor oxygen supply storage enclosure was badly damaged with one foot sections crumbling away and uneven at three places along the exit path. The maintenance director said at the time of observation, the concrete had been previously repaired and damaged again by severe weather.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure egress for 2 of 12 emergency exits were not obstructed. LSC 7.1.10.1 "Means of egress shall be continuously free of all obstructions or impediments to full instant use in case of fire or other emergency</p>				<p>adjusted accordingly.5. Due to the current incimate weather and the unpredictability of the weather during the spring months, the facility is requesting a waiver for this citation. Sidewalks will be replaced in 6 months, with 10/01/11 being the latest completion date. SEE WAIVER REQUEST FORM LABELED "K0038".</p>		

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	<p>use." This deficient practice could affect visitors, staff and any occupant using the exits path from the main dining room and the north hall with a census of 17 residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 04/07/11 at 3:15 p.m., the emergency exit path of egress from the main dining room and north hall was blocked near an outdoor oxygen storage supply enclosure on the north side of the building. The sidewalk was blocked by three 181 liter capacity oxygen containers clustered outside the oxygen storage supply enclosure. The maintenance director said at the time of observation, the equipment should not have been left to block the exit way.</p> <p>3.1-(19)</p>						

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K0076 SS=E	<p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 oxygen supply storage rooms was maintained with at least a one hour fire resistant rating. NFPA 99, 4-3.1.1.2(a)2 requires at least one hour fire resistant enclosures shall be provided for the storage of oxidizing agents such as oxygen. This deficient practice affects occupants in the north hall compartment with a census of 17 residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 04/07/11 at 2:20 p.m., one 181 liter capacity liquid oxygen tank was stored in a respiratory therapy supply room adjacent to the north nurses station. The door was</p>			K0076	<p>The facility will ensure this requirement is met through the following:1. No residents were harmed. The empty tank was removed from the facility.2. All residents have the potential to be affected. See below for corrective measures.3. The respiratory therapy department was inserviced on oxygen storage. A new outside storage area for oxygen tanks was recently constructed on the north end of the building. A sign was posted on the above mentioned door "No Oxygen Tank Storage".4. The room will be monitored by the Administrator or her designee daily x 2 weeks, then weekly for 3 months, then monthly thereafter (See attachment C). The audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before April 19, 2011.</p>		05/07/2011

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K0144 SS=F	unrated and the maintenance director said, at the time of observation, the ceiling was constructed of a single sheet of 5/8 inch drywall. He said oxygen tanks were not meant to be stored in this room.			K0144	The facility will ensure this requirement is met through the following: 1. No residents were harmed. 2. All residents have the potential to be affected. See below for corrective measures. 3. Ketner & Sons, a local electrician, was contracted to install the remote manual stop. 4. The Maintenance Supervisor or his designee will continue general maintenance and monitoring of generator performance, including assurance toggle switch, after placement, is functioning per the Preventative Maintenance program (See attachment D). The Preventative Maintenance records will be reviewed during the facility's quarterly Quality		04/07/2011
	3.1-19(b) Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass						

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	<p>station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During a tour of the facility with the maintenance director on 04/07/11 at 12:15 p.m., a remote emergency stop for the emergency generator was not observed. Based on interview with the maintenance director at the time of the tour, he was unaware of a remote emergency stop and could not be sure of the generator horsepower. The administrator was notified and immediately researched the matter and reported the generator was 125 HP and would require the installation of a remote stop.</p>				<p>Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before May 7, 2011.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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